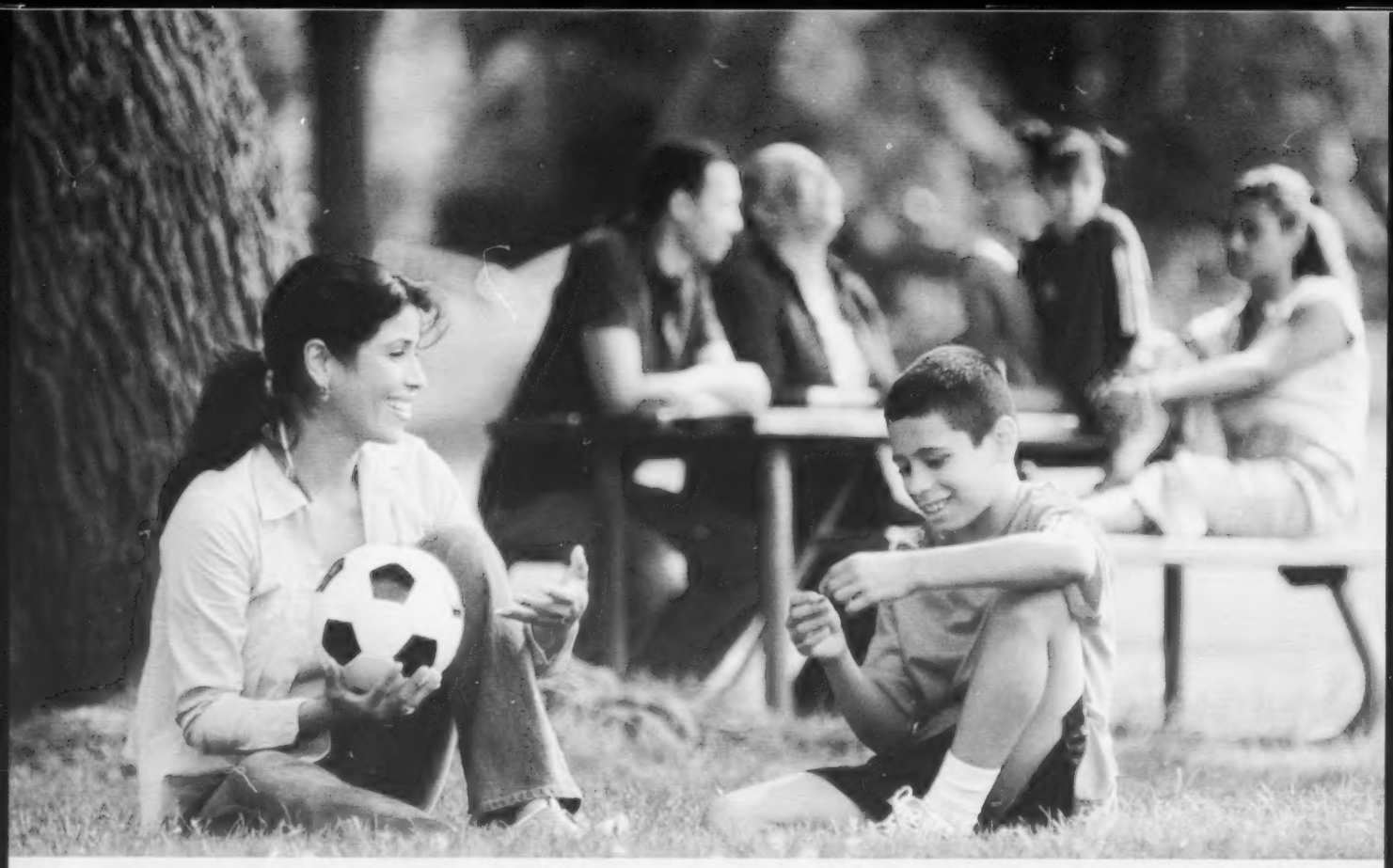


Protecting and Promoting

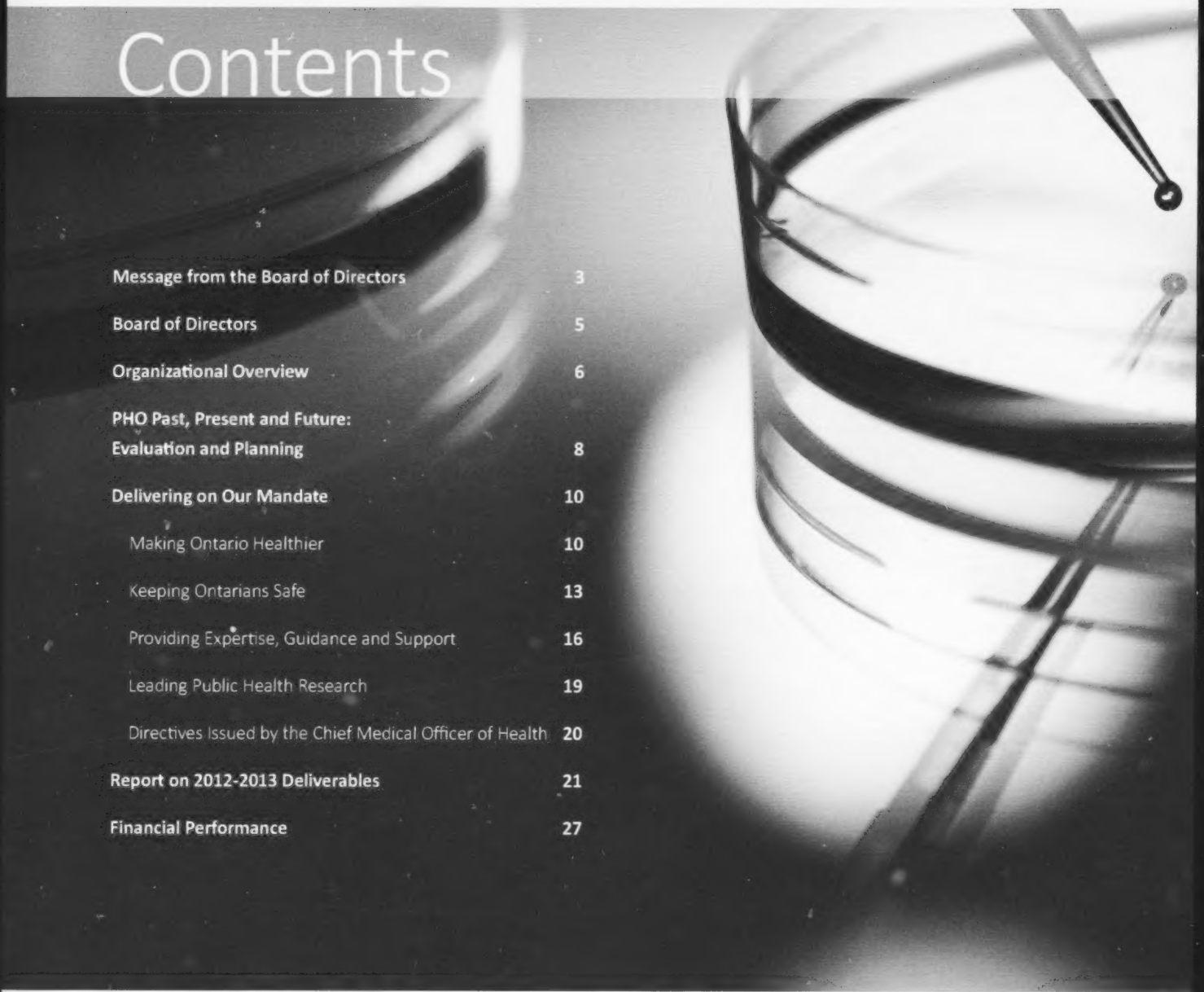
the Health of Ontarians

ANNUAL REPORT 2012/13

Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
PARTENAIRES POUR LA SANTÉ

Contents



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Message from **the Board of Directors**

Public Health Ontario (PHO) is pleased to present our 2012-2013 Annual Report. In our first five years of operations, PHO has become an integral part of Ontario's health care system. We work with the Ministry of Health and Long-Term Care (MOHLTC), public health units, and health care providers and institutions in support of *Ontario's Action Plan for Health Care* to "make Ontario the healthiest place in North America to grow up and grow old."

In the decade since SARS, renewed provincial public health leadership, coordination and collaboration have driven significant improvements in infection prevention and control practices, surveillance and epidemiology, integrated data and information systems, communications and emergency preparedness. PHO's scientific and technical advice and support keep Ontarians safe and healthy, with services such as laboratory testing, surveillance and epidemiology, research and field support related to urgent and emergent public health issues.

This year, following the recommendations of the Agency Implementation Task Force, we invited an international panel of experts to evaluate our first five years of operations. The Peer Review Panel concluded that PHO is a highly effective organization and remarked that "Public Health Ontario is giving excellent leadership to the public health mission in Ontario." Based on a number of internal and external evaluations, the panel's recommendations have informed the development of our next strategic plan as we define our future directions, continuously improve our organizational efficiencies and effectiveness, and ensure accountability for results.

PHO has built a solid foundation of governance, operations and employees to deliver the information, resources, and tools and support our clients and partners need to keep Ontario healthy.

Significant Achievements in 2012-13

- The release of two high-profile reports with the Institute for Clinical Evaluative Sciences (ICES) that identify the significant burden of diseases for Ontarians and inform actions to help make Ontario a healthier province. *Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario* assesses the impact of behavioural risk factors on the quality of life and life expectancy. *Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addiction Report* provides an in-depth assessment of the impact of mental illness and addictions in Ontario. Along with the 2011 *Ontario Burden of Infectious Disease Study* (ONBOIDS), they complete a series of reports co-developed by PHO and ICES.

- Implementation of new laboratory platforms and strategies and technologies, such as molecular diagnostics and genomics for the laboratory detection, identification and surveillance of pathogens, resulting in improvements in diagnoses, research, surveillance and outbreak management. We protect Ontarians through earlier detection of emerging infectious disease, better assessment of the scope and spread of diseases, and more focused and appropriate interventions to address outbreaks.

- Continued public health laboratory modernization for increased efficiency gains and dramatic improvements in test turnaround times, getting clinicians the information they need to provide care to Ontarians. As a result, patients can get more timely and appropriate treatments, and the use of unnecessary antibiotics is reduced.

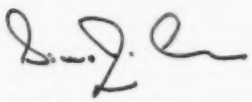
- Ongoing provision of scientific and technical advice, guidance and support to the MOHLTC, including evidence to support Ontario's Healthy Kids Panel and its resulting report, *No Time to Wait: the Healthy Kids Strategy*;

representation on the Public Health Leadership Council as it launched *Make No Little Plans: Public Health Sector Strategic Plan*; ongoing support to the Chief Medical Officer of Health and Public Health Division through daily monitoring and briefings, as well as scientific supports on current and emerging public health issues; and continuing collaboration and shared leadership for public health in Ontario.

- Education and professional development programs that keep public health professionals, health care providers, scientists, researchers and policy-makers up to date with the latest research, evidence and information. We ensure that these providers and experts are able to deliver the very best programs and services for the people of Ontario.
- Extensive engagement with stakeholders across Ontario through broad consultations on the development of PHO's new Strategic Plan, which will guide our operations over the next five years.
- A focus on good governance and a strong commitment to accountability and transparency through internal audits, monitoring and strict adherence to government directives and good business practices, as well as a number of external reviews that consistently commend PHO's systems and processes.

A vision for renewed public health leadership, commitment to excellence in service and the protection and promotion of health for all Ontarians is at the core of our work at PHO. On behalf of the board, we thank our partners at the Government of Ontario for their vision and support. We look forward to advancing science, generating knowledge and evidence and supporting public health practice in the years ahead.

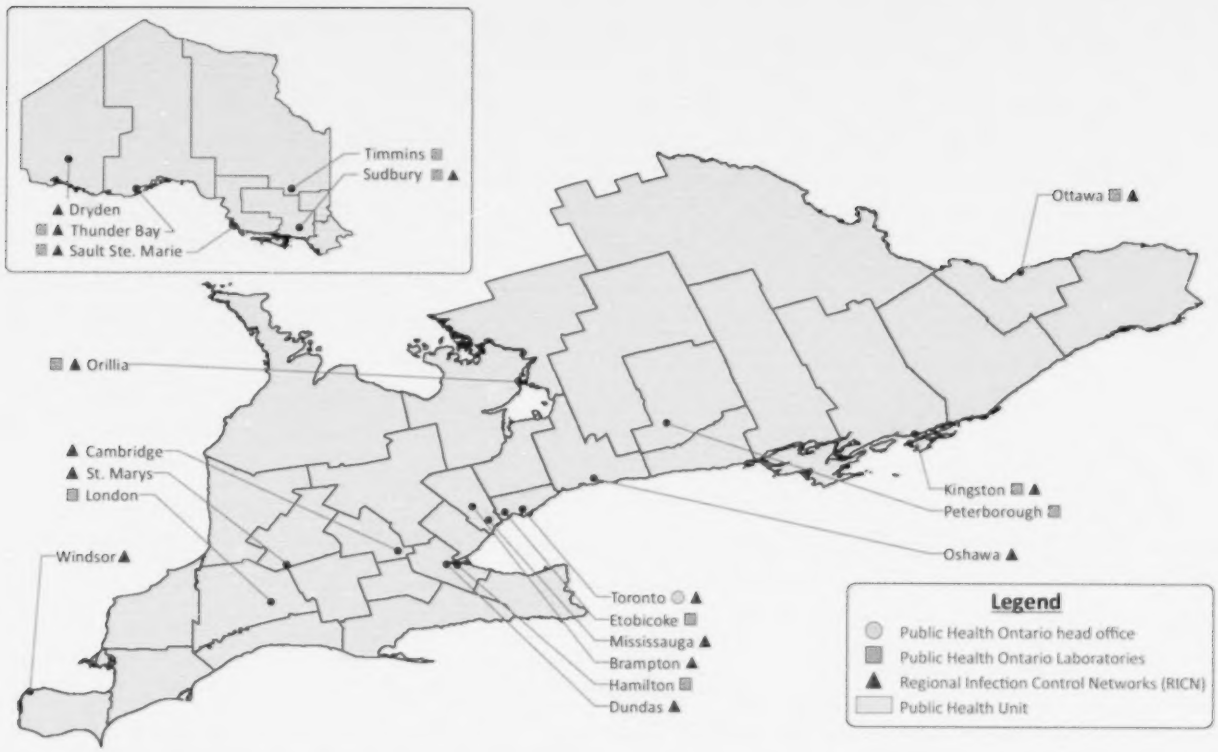
Dr. Terrence Sullivan
Chair, Board of Directors



Pierre Richard
Vice-Chair, Board of Directors

Board of Directors

Name	Location	First Appointed	Current Term length (years)	Current Term
Tony Dean	Toronto	Oct. 20, 2010	3	Oct. 20, 2010 – Oct. 19, 2013
Ken Deane	Windsor	Aug. 29, 2012	3	Aug. 29, 2012 – Aug. 28, 2015
Janet Hatcher Roberts	Ottawa	May 6, 2009	3	May 6, 2012- May 5, 2015
Robert Kyle	Whitby	Sept. 12, 2012	3	Sept. 12, 2012 – Sept. 11, 2015
Sandra Laclé	Sudbury	Oct. 20, 2010	3	Oct. 20, 2010 – Oct. 19, 2013
Warren Law	Toronto	May 6, 2009	3	May 6, 2012- May 5, 2015
Pierre Richard (Vice-Chair)	Ottawa	May 6, 2009	3	May 6, 2012- May 5, 2015
Ronald St. John	Ottawa	Nov. 3, 2010	3	Nov. 3, 2010 – Nov. 2, 2013
Terry Sullivan (Chair)	Toronto	July 25, 2007	3	July 25, 2011- July 24, 2014
David Walker	Kingston	June 27, 2007	3	June 27, 2011- June 26, 2014
Carole Weir	Kingston	May 6, 2009	3	May 6, 2012- May 5, 2015
Catherine Whiting	North Bay	Nov. 14, 2012	1	Nov. 14, 2012 – Nov. 13, 2013



Organizational **Overview**

PHO is a Crown corporation dedicated to protecting and promoting the health of Ontarians and reducing inequities in health. As a hub organization, PHO links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

We provide scientific and technical advice and support to clients working in public health, health care, government and related sectors. Our activities span:

- education and professional development;
- health emergency preparedness;
- information management;
- knowledge and best practices generation;
- library services;
- laboratory services;
- research, ethics and evaluation;
- support to policy development;
- surveillance and population health assessment; and
- scientific and technical advice, consultation and interpretation.

Reducing health inequities is a central focus that cuts across all work at PHO. It is critically important to identify, understand and help mitigate the disparities in health status, health behaviours and access to health services that exist across population groups, while protecting and promoting the health of all Ontarians.

Vision, Mission and Values

First proposed by the Agency Implementation Task Force in 2006 and approved and reaffirmed by PHO's Board of Directors on an annual basis, PHO has been guided by its vision, mission and values since its inception.

Vision

PHO will be an internationally recognized centre of expertise dedicated to protecting and promoting the health of all Ontarians through the application and advancement of science and knowledge.

Mission

PHO is accountable to support health care providers, the public health system and partner ministries in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

Values

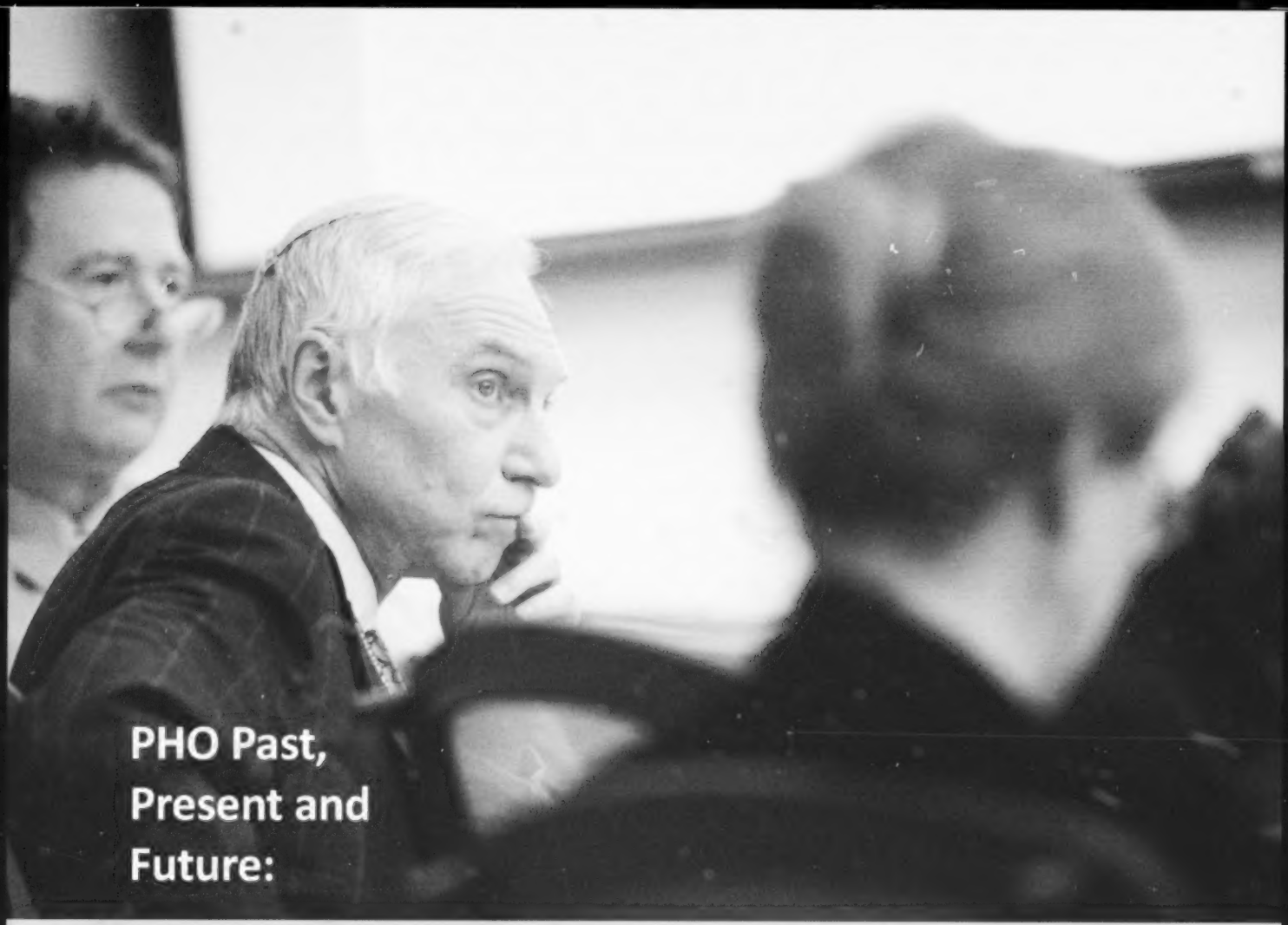
PHO embraces the following values in conducting its business:

- *Credible:* Using the best available research and information, we produce high-quality, evidence-informed products.
- *Responsive:* Every day, our clients and partners working within the health system face a variety of issues in the delivery of care. We respond to their emergent needs and priorities to ensure the health of Ontarians is advanced.
- *Relevant:* The information, advice and support we provide are scientifically sound, timely and provided in a format that ensures they can be used to address the pressing issues of the day.
- *Innovative:* We continually seek new approaches to bridging research and practice, science and context by working with others to create solutions and novel approaches.
- *Collaborative:* As a trusted partner, we are dedicated to advancing and championing the work of others. In this multidisciplinary sector, our success lies in being immersed in the fields of public health, health and research.
- *Balanced:* As an innovative leader, we strive for balance in our actions and our influences: balance between local and provincial priorities, the health protection and health promotion components of our mandate, the advancement and application of knowledge.

In consultations on the development of the new strategic plan, PHO has engaged employees, clients and stakeholders in the validation and renewal of these foundational statements.

PHO's Board of Directors is committed to excellence in governance, effectively and efficiently exercising its accountability and its oversight for the strategic direction and well-being of the organization. We strive for best practices in management, administration and operations. This is demonstrated by an engaged Board of Directors and leadership team, supported by comprehensive operational oversight and controls, robust policies and procedures, and ongoing internal and external evaluation and auditing of business practices.

Provincial in scope with appropriate links to other local, provincial, national and international organizations, we build partnerships and draw on the best available expertise — from the local to international levels — to ensure that scientific work meets internationally recognized standards. PHO's network of laboratories, its Regional Infection Control Networks (RICNs) and emerging regional services extend its reach to all areas of the province.



PHO Past, Present and Future:

Evaluation and **Planning**

Evaluation and Reflection

Created by legislation in June, 2007, the Ontario Agency for Health Protection and Promotion (now operating as Public Health Ontario) commenced operations in July, 2008. In 2012, following the guidance of the Agency Implementation Task Force, PHO's Board of Directors commissioned an external peer review of PHO's progress and achievements for the first five years of the organization.

The Five-Year Peer Review Panel, composed of three internationally recognized public health experts, evaluated how well PHO is fulfilling its mandate and offered recommendations for future development. The review considered input from many sources: a client satisfaction survey, in-depth key informant interviews, Laboratory Assessment and a Self-Study Report describing PHO's own assessment of its progress. In addition, the panel met with key stakeholders and staff directly during its site visit in June, 2012.

The panel's report highlighted PHO's many accomplishments over the past five years, identified opportunities for future growth and gave recommendations in the following areas:

- Broad stakeholder engagement and consultation on the next five-year plan;
- Providing leadership to the public health system by leveraging system capacity with local public health units;
- Clarification of legislation and regulations on access to data;
- Continuing a positive and collaborative relationship with the Ministry of Health and Long-Term Care;
- Acceleration of laboratory procurement processes related to patient management and clinical diagnosis;
- Continued development of cross-functional teams to integrate PHO laboratory, clinical, surveillance and research expertise and resources related to infectious diseases;
- Enhancement of surveillance activities; and
- Enhancement of research.

"The Government of Ontario should be proud of establishing Public Health Ontario. The agency has quickly gained efficiencies in transferred operations and is acquiring depth and breadth of expertise in areas of public health importance. The agency is serving the Ministry of Health and Long-Term Care and the local public health units effectively, clearly advancing the science of public health and providing outstanding leadership to the public health mission."

Report of the Peer Review Panel on Public Health Ontario

Strategic Planning

With the Five-Year Peer Review complete, PHO embarked on the development of a new strategic plan for 2014-2019 to build on our early years and set our future goals.

The strategic planning process has been an opportunity to reflect, evaluate and consider how PHO continues to respond to the changing environment, anticipate needs and remain a leader in optimizing health. From demographic changes to economic shifts, from technological innovations to emerging global health challenges, the challenges and opportunities are substantial. Most significant was the involvement of more than 1,400 clients and employees who helped identify how PHO can have the greatest impact in the coming years. Extensive consultations and engagement took place, including nine regional consultations across Ontario. The PHO strategic plan is closely aligned with Make No Little Plans, the public health sector's strategic plan developed by the public health leadership council, chaired by Ontario's Chief Medical Officer of Health. President and Chief Executive Officer Vivek Goel and Vice-President George Pasut represent PHO on the leadership council.

The strategic plan will be presented for approval by the PHO Board of Directors in June, 2013.

Five-Year Peer Review Panel

- Dr. Ruth Berkelman, Professor and Director, Center for Public Health Preparedness and Research, Emory University, Atlanta, Georgia,
- Dr. Paul Cosford, Executive Director, Health Protection Agency, London, England
- Dr. Perry Kendall, Provincial Health Officer, Victoria, British Columbia

Delivering on Our **Mandate**

Making Ontario Healthier

Evidence-Based Reports to Understand and Address Health Issues

Ontario's Action Plan for Health Care strives to "... make Ontario the healthiest place in North America to grow up and grow old." The more we can identify and assess issues that impact our health and quality of life, the better we can address them today and in the future. PHO provides the evidence, analysis and expertise Ontario needs to protect and improve health and to support a strong, sustainable health care system.

Seventy-nine per cent of deaths in Ontario are attributable to chronic disease, according to *Taking Action to Prevent Action Chronic Disease: Recommendations for a Healthier Ontario*, a joint PHO-Cancer Care Ontario report published in 2012. In 2012-13, PHO continued to identify and quantify the causes and burden of chronic disease, informing local and provincial actions to improve the health of Ontarians.

"60% of Ontario deaths in 2007 were attributable to smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress."

Seven More Years:
The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario

Seven More Years: the impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario examines the burden of five behavioural health risks – smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress – and their impact on life expectancy and health-adjusted life expectancy in Ontario. Developed in collaboration with the Institute for Clinical and Evaluative Sciences (ICES), it assesses 60 per cent of deaths in Ontario as attributable to these five factors and suggests Ontarians could make remarkable gains in life expectancy if we all collectively made changes towards healthier living. An accompanying online life expectancy calculator developed by the Population Health Improvement Research Network helps people estimate their own life expectancy and understand how those behaviours can affect their health.

Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addiction Report, the third PHO-ICES burden of illness report along with *Seven More Years* and 2011's *Ontario Burden of Illness of Infectious Diseases*, provides an in-depth assessment of the burden of mental illness and addictions in Ontario. It counts years of life lost due to early death and years lived at less than full health because of disease or disability. The findings revealed that Ontarians suffer a high burden of illness from mental illness and addictions and highlights the need for greater coordinated effort on this significant public health issue.

PHO's evidence and analysis gives our stakeholders the information they need to understand issues, take action, measure that action effectively and track their success. Reducing the incidence and impact of childhood obesity has been identified as a key Ontario government priority. To inform the work of Ontario's Healthy Kids Panel and its resulting *No Time to Wait: the Healthy Kids Strategy*, PHO produced a comprehensive primer on trends, interventions, and measurement and monitoring to enable evidence-informed approaches to this significant Ontario public health issue. The resulting PHO report, *Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario*, will be released in 2013.

"The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers, and more than seven times that of all infectious diseases."

Opening Eyes, Opening Minds:
The Ontario Burden of Mental Illness and Addictions Report

"The increasing prevalence of obesity in children and youth is a serious public health problem requiring immediate action. Presently, more than one in three Canadian children and youth are overweight or obese"

Addressing Obesity in Children and Youth:
Evidence to Guide Action for Ontario

Population Health Measurement

How will we measure our progress as we work together to make Ontario the healthiest place to grow up and grow old?

Understanding current and projected population-level health status is essential to planning and delivering health care policies, programs and services. PHO works with health units across Ontario to define and develop consistent ways to analyze and measure health status. Consistent data collection and analysis enable comparisons within and across jurisdictions, including mechanisms to measure health inequities. *The Core Indicators for Public Health in Ontario*, developed in collaboration with the Association of Public Health Epidemiologists in Ontario, lay the foundation for accurate and standardized reporting of population health information across Ontario.

Our epidemiologists and data analysts collect, analyze and disseminate this information for timely, accurate and relevant reporting and decision-making by government, health units and health care providers. PHO's data and analysis informed the priority health indicators used in the Ontario Chief Medical Officer of Health's *Maintaining the Gains, Moving the Yardstick: Ontario Health Status Report, 2011*. On an ongoing basis, we distribute information to public health units to help them understand and address local as well as provincial health issues.

Two PHO reports focused on youth population health assessment, vital to the health and well-being of youth in Ontario. The *Population Health Assessment Visioning* Report, in collaboration with the Propel Centre for Population Health Impact, articulates a vision for youth population health assessment in the province. *Measuring the Health of Infants, Children and Youth* highlighted a strong foundation of ready-to-report core indicators to measure child health. Based on the results, 10 system-level recommendations define the breadth and depth of work needed to advance and apply population health assessment and surveillance for children in the province.

Innovative Technologies to Disseminate Information

The public health sector needs quick, easy access to provincial-level information such as reportable disease data to support better outbreak detection and to complement population health assessment, infection prevention and disease control activities. In 2012-13 we developed a new website featuring a number of interactive, map-based tools with digital dashboards of chronic and infectious disease indicators. This approach will provide essential information to health units, allow for comparisons and improve the consistency and efficiency of information exchange.

PHO's new website, to be launched in 2013, will provide a single window of access to PHO's products, tools and resources. Developed with extensive input from stakeholders, its robust, flexible and innovative platform will put PHO's knowledge, best practices and research data; and continuing education at users' fingertips.

PHO has also actively supported Ontario's implementation of Panorama, a pan-Canadian public health information system, with systems analysis and epidemiological services. Panorama will provide public health professionals with integrated tools and centralized information to assist in monitoring, managing and reporting on public health.

Reducing Health Inequities

Reducing health inequities is a central focus that cuts across all work at PHO. It is critically important to identify, understand and mitigate the disparities in health status, health behaviours and access to health services that exist across population groups while protecting and promoting the health of all Ontarians. PHO worked closely with MOHLTC on the Health Equity Impact Assessment (HEIA) tool, an evidence-based resource that facilitates improved planning and evaluation of programs and services by the ministry, local health integration networks, public health units and other health service providers to address health inequities among populations. PHO developed a supplement guide to assist public health units in applying the HEIA to meet the requirements of the Ontario Public Health Standards and provides field-based training to local public health units.

Keeping Ontarians Safe

To protect and promote the health of Ontarians, PHO performs monitoring, analysis, detection and response to prevent disease and reduce risks and issues before they cause harm to Ontarians. With a coordinated, integrated provincial approach to laboratory testing, surveillance and epidemiology, outbreak management, environmental health assessment and field support, PHO provides information, expertise and support to government, public health units and health care practitioners. We work with our partners to keep Ontarians safe and healthy.

Emergency Preparedness and Incident Response

In a global era, infectious disease knows no borders. PHO plays a key role in anticipating, detecting and identifying current or potential outbreaks and coordinating responses with the Chief Medical Officer of Health, the Government of Ontario, health units and other jurisdictions. When significant outbreaks occur in another part of the world, PHO works to ensure that the government and health system are equipped to manage it. This includes monitoring of the event as it develops internationally; surveillance to detect cases and support the response if the infection arrives in Ontario; guidance for hospitals and clinics so they can screen patients effectively and know what to do when a patient has symptoms of the disease; best practices on infection prevention and control for clinicians; lab test procedures and protocols developed in collaboration with the National Microbiology

Laboratory and other authorities; and guidance for public health officials on how to follow up patients and their contacts.

In September, 2012, a new strain of coronavirus was identified in a small number of people who lived in or had visited Saudi Arabia, Qatar and/or Jordan. PHO supported the Emergency Management Branch of the Ministry of Health and Long-Term Care in coordinating with international, national and provincial public health partners to assess the risk to Ontarians, monitor the movement and impact of the outbreak, anticipate the possibility of its arrival in Ontario and prepare to respond based on a range of anticipated outcomes.

Similarly, in 2012-2013 PHO supported activities within Ontario and coordinated with international partners to track and prepare Ontario for the potential arrival of H7N9 in Ontario. The H7N9 virus was identified for the first time in humans in March, 2013, in China. Through collaboration with MOHLTC, the Public Health Agency of Canada (PHAC) and international public health agencies PHO was able to stay informed on its development and movement. Simultaneously, we worked in Ontario with MOHLTC to help set up systems, education and consistent procedures so that suspect cases could be identified, confirmed or ruled out and isolated if necessary to mitigate its spread.

2012-13 included the continuation of a prolonged pertussis outbreak, a busy influenza season and increases in West Nile Virus activity. PHO provided a consistent and coordinated response through daily briefings with the MOHLTC, support to the Chief Medical Officer of Health on specific issues and concerns, ongoing laboratory testing and surveillance, monitoring of trends and communication with health units to flag increases in activity, and case management and support for outbreak investigations and resolution. In multi-jurisdictional investigations such as a national food-borne *Escherichia coli (E. coli)* investigation and a measles outbreak, PHO worked with MOHLTC, PHAC and other partners to ensure that information was shared broadly and coordinated with other jurisdictions.

Laboratory Services

PHO's laboratories are a critical component of Ontario's health care system. We process over four million tests per year, and the current test menu comprises more than 400 diagnostic, confirmatory or reference tests. Additionally our laboratories provide expert advice to health care practitioners for the interpretation of diagnostic tests and services for the laboratory surveillance and management of infectious disease outbreaks.

In 2012-2013 PHO continued to reduce test turnaround times through deployment of automated platforms for specimen handling and analytic testing, work process redesign and changes in test methods. Increased use of molecular diagnostics and genomics for the laboratory testing, identification and surveillance of pathogens allows for more rapid detection of respiratory pathogens and more efficient identification of possible co-infections and trends. Clinicians have more specific, timely information to make informed decisions about patient care, and public health professionals can more rapidly respond to potential outbreaks.

Investments in laboratory technology focused on the extraction, sequencing and storage of DNA have enabled us to sequence relevant genomes more quickly and cost effectively as well as store samples to use for confirmatory testing, surveillance and research purposes. The implementation of real-time polymerase chain reaction (PCR)

analyzers to test for the molecular presence of organisms has improved our ability to quickly detect and proactively manage potential food-related outbreaks.

Through collaborative and applied research PHO has developed protocols and tests for new and emerging diseases such as H7N9 and novel coronavirus to support surveillance, infection control, investigation of new and emerging pathogens and epidemiological studies. We have enhanced our ability to move testing from discovery to clinical application, resulting in better testing for faster results and decision support.

Integrating PHO's laboratory testing data with provincial information networks will ensure effective dissemination, coordination and communication of public health data. As part of a project funded by Canada Health Infoway to demonstrate the population health value of electronic health records, PHO has begun the process of integrating laboratory data with the Ontario Laboratories Information System (OLIS) and collating sexually transmitted infection test results to support public health and clinical practice with information on antibiotic resistance patterns. The Sexually Transmitted Infection Laboratory Data Web Platform aims to make this STI laboratory data accessible to health units and the MOHLTC as an interactive web-based and visualization tool. This represents a significant first step for PHO and eHealth Ontario and lays the foundation for future process improvements to laboratory test ordering, reporting and integration with electronic health records.

PHO's updated *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* contains important updates and detailed information related to PHO laboratory testing and services in the area of food, water and environmental sanitation. The guide has become a trusted source of information for inspectors and health units in ensuring that Ontario's water and food supply is safe.

The project to move PHO's Toronto laboratory to the new MaRS Centre in the heart of Toronto's Discovery District has progressed from the design to the construction phase. The new laboratory is a milestone in the renewal of Ontario's public health laboratory infrastructure. The location at MaRS strengthens our links to academic, health care and private sector partners. It will provide more flexible space to meet current and emerging clinical and public health needs, and will be able to adapt to new functions and testing technologies. It will allow PHO to remain at the forefront of infectious disease testing, detection and control, as PHO continues to provide essential services to Ontarians and the health care system and responds to emerging public health threats.

PHO's Laboratory Customer Service Centre received 87,283 calls in 2012-2013, supporting clinicians, community and hospital laboratories, and public health units with fast and accurate information and guidance on testing procedures, test results and interpretation.

Test Turnaround Time Improvement

Type of Test	Previous (days)	2012-2013 (days)
Respiratory virus by culture	14	10
Bordetella pertussis PCR	5	2
Mumps RT-PCR	3	2
Measles RT-PCR	3	2
Influenza RT-PCR	3	2
Toxoplasmosis serology	7	3
Parvovirus serology	7	3

Surveillance

PHO's comprehensive surveillance activities inform effective, evidence-based decisions and policies. We conduct comprehensive provincial public health data analysis, monitoring and reporting for government, health units and the health sector. From routine, regularly published status reports to comprehensive reports on specific diseases or issues, PHO provides the information and analysis Ontario needs to identify and respond appropriately to outbreaks and incidents, and stay safe and healthy.

In 2012-2013 PHO generated approximately 250 routine infectious disease surveillance reports. This included 200 daily surveillance summaries, 50 weekly enhanced surveillance summaries, 12 monthly infectious disease surveillance reports and one annual surveillance report.

Many of these reports are publicly available on our website, providing not only data on infectious disease outbreaks and incidents but important analysis and commentary on trends, emerging issues and specific diseases or issues of interest for a range of public health and health care stakeholders.

In 2012-13, during the busiest influenza season in decades, the *Ontario Respiratory Virus Bulletin* tracked the weekly incidence of influenza and other respiratory viruses as well as seasonal trends, supporting both local and provincial activities on vaccination strategies, case management and health care resource planning. In the summer, PHO's vector-borne disease reports highlighted a seasonal increase in West Nile Virus and informed planning and response by public health units and clinicians.

PHO's *Monthly Infectious Disease Surveillance Report* identifies reportable diseases that demonstrate significant changes in incidence in the current month compared to historical averages and brings one infectious disease of interest into the spotlight for more detailed analysis. For example, a focus on pertussis provided context and additional information on trends and issues related to this vaccine-preventable disease in light of recent increased rates of occurrence in Ontario.

Providing Expertise, Guidance and Support

2013 marked the 10-year anniversary of SARS, a significant milestone for public health in Ontario. The lessons learned from SARS resulted in Operation Health Protection, the establishment of PHO and many other enhancements that shaped today's public health system and health care practices.

In the decade since SARS, the renewal of public health in Ontario has seen much progress. PHO and its partners have accomplished significant improvements in infection prevention and control practices, surveillance and epidemiology, integrated data and information systems, communications and coordination, and emergency preparedness.

Effective systems for infection prevention and control help to stop the spread of disease and protect not only front-line health care workers but also the general public. PHO produces internationally recognized best practice documents

on matters related to communicable diseases, immunization, infection prevention and control, and surveillance, as well as support during outbreaks to mitigate risks and address issues. Highlights of this work in 2012-2013 included:

- Updated recommendations on Tamiflu use in adults with renal impairment during influenza season assisted clinicians with information on assessing, testing and treating influenza.
- Guidelines on important issues such as best practices for infection prevention and control for practitioners, including evidence on the impact of health care worker immunization for influenza and other topics such as adult pertussis, control of vancomycin-resistant enterococci and recommendations on the human papillomavirus vaccination.
- Support by Infection Control Resource Teams, comprised of health care professionals specializing in microbiology, public health and infection control, during outbreaks at three hospitals and one long-term-care home.

In 2012-2013, PHO's Regional Infection Control Networks delivered 346 training sessions on infection prevention and control practices for hospitals, long-term-care facilities and retirement homes across Ontario, and responded to approximately 2,000 requests for support on infection control-related issues.

To address the growing issue of antibiotic-resistant "superbugs," PHO launched a provincial Antimicrobial Stewardship Program, a joint effort with the Ontario Hospital Association. It provides tools and resources to help hospitals evaluate and measure appropriate use of antimicrobials, evaluate best practices and assess how to support ASP across the spectrum of care. The first phase assists hospitals in establishing programs targeted at health care management, pharmacists, physicians, infection control practitioners and nurses. Hospitals across the province now have the information and support they need to establish and maintain their own ASP program.

PHO works closely with the provincial government and Ontario's public health units to provide training and support for coordinated, consistent, evidence-based approaches to public health emergency planning and response across the province. PHO provides partners and stakeholders with support ranging from training workshops to individual requests for planning and preparation support to ensure that the public health sector is prepared to respond to emergent situations.

In the area of health promotion, PHO provided 650 consultations and 150 webinars to assist health units in program planning, implementation and evaluation. Consultation services, resources and customized training cover topics such as health communication, planning and evaluation, policy development and alcohol policy in particular.

PHO provides a range of supports to health units on environmental issues. PHO loans air sampling instruments to health units, with training and support to ensure implementation. This enables all health units to have access to the best equipment to measure air quality in their jurisdiction and increases the quality and comparability of the data that is collected. On an ongoing basis, PHO experts provide support for local environmental issues, from assistance with chemical spills to support for public meetings and engagement on topics such as wind turbines or cell towers.

Immunization

We are fortunate in Ontario to have access to many publicly funded vaccines. However, if we do not maintain high levels of vaccine coverage, the incidence of vaccine-preventable diseases (VPDs), including outbreaks, will increase. PHO provides expertise on immunization and VPD control to help public health units across the province support, plan and deliver optimal immunization programs, identify and manage outbreaks, and respond to adverse events.

Our experts are internationally recognized and help to shape provincial, national and international policy through contributions to the National Advisory Committee on Immunization and several committees of the World Health Organization. We have provided extensive support to PHAC's National Immunization Strategy Review Task Group, led a pilot of a new process for developing integrated national recommendations for a novel meningococcal B vaccine and also participated actively in Ontario's Immunization Review.

> "One hundred years ago, infectious diseases were the leading cause of death worldwide. In Canada, they now cause less than five per cent of all deaths—thanks to immunization programs. Immunization has probably saved more lives in Canada in the last 50 years than any other health intervention."
>
> **Canadian Public Health Association**
> 12 Great Public Health Achievements

We conduct a diverse and wide-ranging program of research into how to improve immunization programs in the province, including PHO-led research and partnerships with a range of world leaders and networks such as the PHAC/CIHR influenza Research Network (PCIRN), comprised of key influenza vaccine researchers.

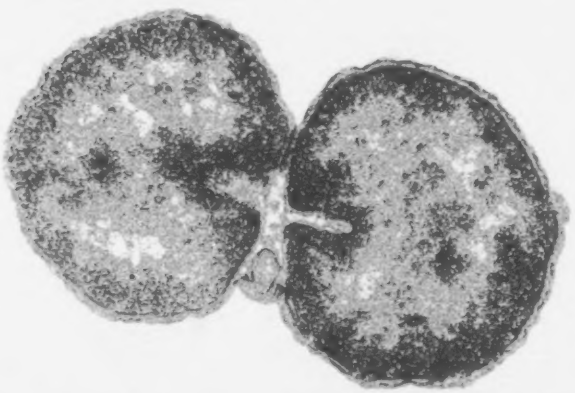
We conduct surveillance of VPDs, vaccine safety and coverage and carry out detailed analysis and interpretation to make recommendations on how to improve Ontario's immunization programs. We also track provincial adverse events following immunization to identify potential vaccine safety issues and maintain public confidence in vaccines.

In the past year we have completed vaccine program evaluations on human papillomavirus, meningococcal and pertussis vaccination programs. Our Vaccine Coverage Report provided health units with provincial and health unit immunization coverage, aggregated from individual health unit reports, for students aged seven to seventeen years during the 2010-11 school year for a number of infant and childhood immunization programs. The report highlighted a need to improve immunization coverage for vaccines that require multiple booster doses throughout life, as well as those offered through school-based programs, in order to move Ontario's immunization coverage towards established national and international targets to ensure that Ontarians have the best possible protection through immunization.

Leading Public Health Research

PHO's approach to research fosters a coordinated provincial agenda for public health research. Research conducted by PHO is aimed at meeting our mission and mandate. Our researchers work in diverse fields and disciplines and come to us from internationally renowned academic and research institutions. During 2012-2013 our researchers produced and published a wide range of scientific and public health projects and studies. Some highlights:

Antibiotic-Resistant Gonorrhea



Gonorrhea is the second most commonly reported sexually transmitted infection in Ontario and North America. Left untreated, gonorrhea can lead to a host of complications, including pelvic inflammatory disease, infertility and bloodstream infections. Cephalosporin, the last available class of antibiotics recommended for the treatment of gonorrhea, has been failing worldwide. In January, 2013, PHO published ground breaking research showing a seven-per-cent clinical failure following treatment with an oral dose of cefixime, from the cephalosporin class of antibiotics, at a Toronto-area clinic. Based on data from the PHO laboratories, the research highlighted the need for new therapeutic options to address this significant public health issue. Based on this work, PHO is working with the MOHLTC on provincial efforts to address multidrug-resistant gonorrhea, including new guidelines for testing and treatment.

The Diabetes Population Risk Tool

The Diabetes Population Risk Tool (DPoRT) is designed to allow users to estimate future diabetes risk using routinely collected population survey data on risk factors. A recent systematic review of all diabetes risk scores found that of over 90 existing diabetes risk tools, DPoRT was the only tool built to inform population intervention strategies for diabetes. The tool was designed so that it could be applied to routinely collected and publicly available data, enabling the use of the tool by a wide audience of decision-makers, including from local public health units and MOHLTC. PHO is collaborating with Peel Public Health Unit to complete pilot work to integrate DPoRT into their surveillance systems and identify how it can be best used to support their public health activities. This pilot work will serve to build capacity in enhancing the use of routinely collected risk factor data to better inform the planning and prevention of diabetes in Peel. PHO is also working with the MOHLTC Chronic Disease Prevention Unit by using DPoRT to generate estimates that will be used to scope and target their diabetes primary prevention interventions, planned for rollout across the province.

PHO research in 2012-2013

- 100 peer-reviewed manuscripts published
- 64 research grants submitted

Air Quality

PHO's *Review of Air Quality Index and Air Quality Health Index* report examined the strengths and limitations of two indices of air quality and presented evidence to inform future directions regarding their use. Although the two indices have been used concurrently over five years, no one had undertaken a comprehensive review of the comparability of the indices. This review provided useful input to policy-makers in evaluating the type of measurement to be used for summarizing short-term air pollution.

> "Ambient air pollution is the 9th leading cause of death globally and the 14th leading cause of death in North America."
>
> **Review of Air Quality Index and Air Quality Health Index**

Ethics Review Board

Public health research differs significantly from clinical research and therefore requires a unique framework for evaluating related ethical issues. In 2012-2013 PHO launched a unique risk-based framework that focuses on serving the specific needs of public health research, which may involve a wider and more complex range of ethical considerations than clinical research. An Ethics Review Board has been established to ensure that research and other initiatives such as evaluation, surveillance and quality improvement projects conducted under the auspices of PHO and eligible health units are conducted in a manner that is consistent with the Tri-Council Policy Statement: *Ethical Conduct for Research Involving Humans, Second Edition* as well as other relevant regulations, policies and guidelines.

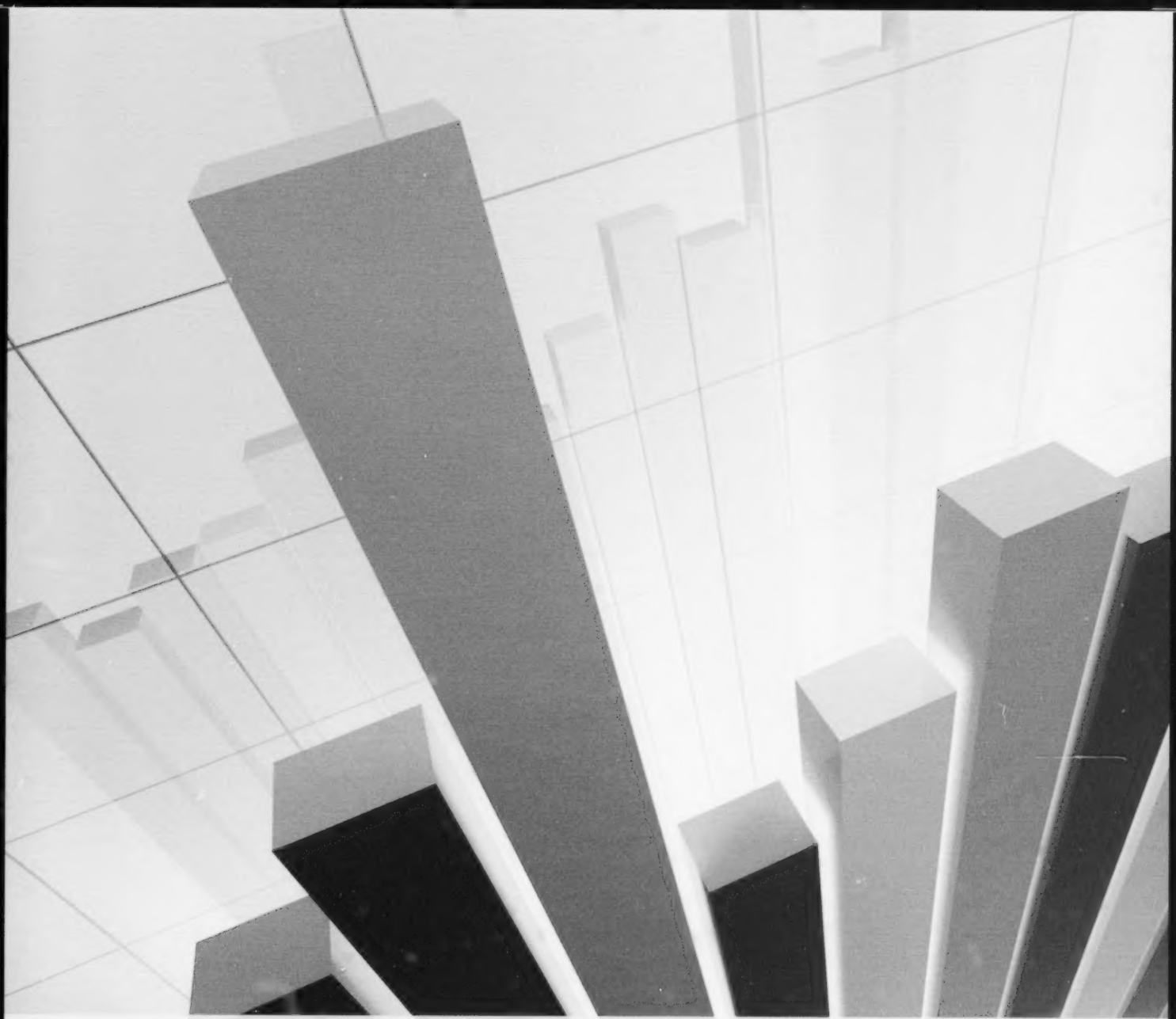
Locally Driven Collaborative Projects

PHO's Locally Driven Collaborative Projects program supports public health units in meeting the Ontario Public Health Standards, which set the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health. LDCP enables health units to work together on research and program evaluation projects that explore a topic, intervention or program related to a critical public health issue. In this second year, involving participants from 29 health units, the projects included:

- Improved communications and cross-sectoral coordination: adapting Alberta's "A Million Messages" for implementation in Ontario's health and social services system
- Communication tools: The effectiveness of social media planning, implementation and evaluation at health units in Ontario
- Service delivery models: association of knowledge with online versus in-person public health prenatal education programs in Ontario for women during their first pregnancy
- Supporting action and implementation: developing an evidence-informed guide to support public action on alcohol at the local level
- Data collection and analysis: pilot study of a standardized breastfeeding surveillance data collection tool and method for Ontario public health units
- Best practices: recommended best practices for healthy rural built environments

Directives Issued by the Chief Medical Officer of Health

During the 2012-13 fiscal year, no formal directives were issued by the Chief Medical Officer of Health.



Report on 2012-13 **Deliverables**

PHO's 2012-13 Annual Business Plan outlines priority initiatives and ongoing activities linked to our organizational goals (Better Information, Better Knowledge Generation and Application, and Better Support for Practitioners and Policy-Makers) and foundational objectives (Build Organization, Partnerships and Enhance System Capacity). The chart below summarizes the status of each of the priority initiatives as of March 31, 2013.

Goal: Better Information

Priority Initiatives	Complete	On Track	Not Complete
Enhance central analytical capacity to enable local public health to access relevant: • Snapshots of indicators • Interactive data queries • Mapping and geospatial analysis • Data reports • Information wiki		•	
Develop, in consultation with MOHLTC and PHUs, a provincial surveillance framework for infectious diseases.		•	
Enhance the information available to our clients through the use of molecular diagnostics and genomics for the laboratory detection, identification and surveillance of pathogens.	•		
Collaborate with key partners including MOHLTC, ICES, health units and other relevant sources in evolution of a comprehensive population health data and information system to enable a life-course approach to population health assessment.	•		
Begin development of an environmental health tracking (surveillance) system	•		
Advance population health assessment for children and youth: • Complete report on child and youth health indicators of relevance to public health • Work with key system partners to make strategic advancements in the overall implementation of a child and youth health population health assessment system	•		

Ongoing Initiatives

PHO continued to deliver on the following ongoing activities related to the goal of Better Information:

- Processed approximately 2.5 million laboratory requisitions, performed over four million laboratory tests and reported results to health care providers, referral laboratories and public health officials as required.
- Processed approximately 250 routine surveillance reports, including but not limited to daily surveillance summaries, weekly surveillance reports, monthly surveillance reports and an annual surveillance report.
- Completed two major population health technical reports which compile and analyze evidence from all available sources to inform population health policy and programs.
- Developed 24 knowledge synthesis reports, 24 literature reviews, three best practice reports, clinical guidelines, evaluation reports and jurisdictional/environmental scans.
- Developed 12 Labstracts providing clients with additional information about laboratory testing.
- Participated in and contributed to provincial, national and international scientific advisory committees, boards and relevant bodies.

Status Legend
Complete: Completed by March 31, 2013
On Track: Ongoing and still within target timeframe
Not Complete: Not completed by March 31, 2013

Goal: Better Knowledge Generation and Application

Priority Initiatives	Complete	On Track	Not Complete
Provide scientific and technical support to the immunization review and the development of an immunization framework.	•		
Provide scientific and technical support to government and public health partners in the area of healthy living: Priority area of focus will be public health efforts to address childhood obesity.	•		
Develop, sustain and enhance Ontario's efforts to address antimicrobial resistance, including development of resources, training and support for the launch of an Antibiotic Stewardship Program in Ontario hospitals.	•		
Complete the evaluation of the Just Clean Your Hands Program and develop and enhance program elements to support comprehensive infection control.	•		
Continued involvement with provincial partners on the Ontario Health Study (OHS) (including Ontario Family Health Study (OFHS) and Ontario Birth Study (OBS)), and with other stakeholders to develop a world-class research program with a focus on • Bio-repository for the storage of scientifically valuable specimens • Longitudinal population health research • Participation on OHS Science Committee and associated working groups including: Environmental, Infectious Disease and Ethics	•		

Ongoing Initiatives

PHO continued to deliver on the following ongoing activities related to the goal of Better Knowledge Generation and Application:

- Convened scientific panels and/or advisory committees to analyze specific issues prioritized by policy-makers.
- Planned and delivered the annual Ontario Public Health Convention conference, which was attended by more than 700 people who networked, collaborated and learned from 250 speakers and panellists in three plenary sessions, 70 workshops and 28 poster presentations. In addition to TOPHC, PHO held many subject-specific scientific symposia and workshops such as the Outbreak Management workshop, public health ethics workshop and a media messaging workshop.
- Had 100 peer-reviewed manuscripts published and more than 40 abstracts accepted to various conferences.
- Built academic partnerships to enable enhanced training and capacity building opportunities with over 80 academic placements.
- Fostered and facilitated research in public and population health across the Ontario public health sector.
- Supported key functions of public health practice in the areas of applied research, program development, education and professional development, and knowledge exchange functions.
- Provided professional education for staff of MOHLTC, PHUs, heath care providers and other clients, including 49 education sessions, 346 training sessions by RICN staff and co-sponsored 13 professional development events.
- Provided scientific and technical assistance, and education and training to support implementation of the Ontario Public Health Standards.
- Provided scientific and technical assistance, and education and training to support the MOHLTC and PHUs in the assessment of health inequities.
- Managed the Infection Prevention and Control Core Competencies program to support health care providers to understand and use the basic principles and practices of infection prevention and control.

Goal: Better Support for Practitioners and Policy-Makers

Priority Initiatives	Complete	On Track	Not Complete
Implement, support and participate in the PHO/PHD JLC tables in: 1. Communicable and infectious diseases 2. Environmental health 3. System infrastructure 4. Health promotion and chronic disease	•		
Support and participate in the Public Health Leadership Council and related tables that may be established.	•		
Support MOHLTC in the development of a Public Health Human Resources Strategy with scientific and technical support and committee participation as required.			1
Provide scientific and technical support to the development of a plan for influenza control to include seasonal and pandemic planning.	•		
Provide scientific and technical support to the MOHLTC and the CMOH in the development and implementation of strategic initiatives such as a strategic plan for public health and CMOH annual reports.		•	

1: Not initiated by MOHLTC

Ongoing Initiatives

PHO continued to deliver on the following ongoing activities related to the goal of Better Support for Practitioners and Policy-Makers:

- Supported the MOHLTC in managing day-to-day issues and incidents by ensuring 24-hour on-call availability of laboratory and scientific services for emergencies, participating in morning rounds and participating in/leading joint incident assessments. This included the preparation of 250 Daily Issues Summary and Situation Reports.
- Responded, in partnership with MOHLTC, local PHUs and health care institutions, as required to manage over 50 infectious disease outbreaks (mainly enteric and respiratory outbreaks in institutional settings or in the community) and infection control issues.
- Developed proactive and responsive field supports for health promotion, delivering 642 consultations and 142 workshops/webinars.
- Responded to 33 requests for field support in case investigation and management, 15 in outbreak management, 25 in cluster investigation, one in health hazard investigation, four in emergency management and 362 in surveillance.
- Provide clinical laboratory support to clients via the Customer Service Centre (87,283 calls).
- Continued to enhance RICN engagement with local/regional stakeholders via response to over 2,000 requests for support.
- Continued to develop a plan to enhance laboratory and scientific field response and develop readiness plan for major events (e.g., Pan-Am Games 2015).
- Loaned environmental assessment equipment to PHUs on 15 occasions.
- Continued to provide scientific support on health impacts in environmental and toxicological emergencies, including a formaldehyde spill, forest fires and an industrial fire.
- Provided library service support to PHD and PHO with over 1,000 literature searches, 3,500 articles, 1,400 reference questions, 99 alerts and 51 training sessions. Additionally, users of our virtual library ran 26,055 searches and retrieved 26,374 full text articles.
- Developed and provided ethics support services to PHO and local public health, including the launch of an ethics review board and the continuation of our Locally Driven Collaborative Projects program.
- Established and maintained advisory committees to support public health objectives.

Foundational Objectives: Build Organization, Partnerships, Enhance System Capacity

Priority Initiatives	Complete	On Track	Not Complete
Expand online program and service delivery options for our clients through: • Pilot implementation of a learning management system for professional development and education • Refine electronic library services, including expansion of the virtual library • Support the implementation and maintenance of communities of practice for selected topics of public health importance as an integrated element of certain PHO programs • Increase access to knowledge products, evidence summaries and best practice guidelines • Implement social media practices and tools in support of program and corporate objectives		•	
Enhance PHO regional services as part of strategic reflection on integrated programming and opportunities in various regions: 1. Review of RICNs in context of broader organization, alignment with IDPC and laboratories 2. Continue regional activities of the SRKE program and maintain significant health unit engagement 3. Review placement of scientific and technical positions 4. Seek opportunities to partner at regional level with other organizations to strengthen services within an area.	•		
PHL Facility Renewal • Design and implementation of new laboratory facility in downtown Toronto at MaRS II location • Planning for new facilities in London and Thunder Bay		•	
Provide scientific and technical advice and support to provincial information technology projects in surveillance or disease control, with specific focus on the planning for configuration, implementation and deployment of Panorama.	•		
In accordance with the MOU, complete PHO's first external third-party five-year review to evaluate whether its operations are fulfilling its mandate.	•		
Implement systems, tools and processes to systematically capture client and stakeholder information, as well as to manage and measure levels and types of engagement and support provided	•		
Implement a workload measurement system to identify and track the resource requirements necessary to deliver increasingly complex laboratory testing.	•		
Continue to design and implement policies and procedures that comply with legislative and regulatory requirements respecting access, use, retention and disclosure of data, including personal health information in the custody of PHO.	•		

Ongoing Initiatives

PHO continued to deliver on the following ongoing activities related to the Foundational Objectives (Build Organization, Partnerships, Enhance System Capacity):

- Developed, sustained and enhanced surveillance systems and surveillance infrastructure in collaboration with MOHLTC Health Services Cluster, eHealth Ontario and health units with a primary focus on iPHIS.
- Continued to implement laboratory renewal on an ongoing basis.
- Maintained Ontario Laboratory Accreditation (OLA) and Canadian Association of Laboratory Accreditation (CALA) with three labs renewing OLA Accreditation and 11 renewing CALA Accreditation.
- Enhanced the knowledge, skills and competencies of PHO staff through a suite of continuing education sessions, including 50 orientations to corporate programs or services, nine monthly journal club webinars, 55 Skills and Tools sessions on a variety of topics and two mandatory privacy training sessions.
- Continued to provide grant facilitation services to support application for and implementation of externally funded research protocols.
- Updated the PHO Emergency Management Plan (including the Continuity of Operations Plan).
- Sustained and enhanced board governance and corporate management process, practice and systems to ensure that PHO is managing its resources to support the achievement of its scientific and technical mandate and demonstrating appropriate accountability.
- Continued the development of the Sheela Basrur Centre with the management of the annual student bursary program, the Sheela Basrur Symposium and the launch of the Don Low Fellowship.

Annual Performance **Report**

Part 1:

Balanced Scorecard Report

The Balanced Scorecard (BSC) provides an overarching view of PHO'S overall performance in relation to its strategic goals by translating strategic objectives into a set of high level performance measures. The BSC is "balanced" in two ways: (1) it incorporates multiple organizational perspectives, including finance, business processes, clients and learning and growth and (2) it allows the tracking of short-term outputs, while simultaneously monitoring progress in building capacity and acquiring the assets that generate growth for future performance. The BSC includes 21 indicators across four quadrants as follows:

- **Knowledge, Information & Support** which focuses on providing timely, relevant and reliable information, accelerating the uptake and application of knowledge and providing high quality support for the public health system (7 indicators);
- **Clients & Partners** which focuses on our development of partnerships and client and partner satisfaction with our advice and support (5 indicators);
- **Organizational Learning & Growth** which focuses on building our workplace to reflect PHO's values and philosophy (3 indicators); and
- **Corporate Infrastructure** which focuses on our corporate functions which support the scientific and technical work of our organization (6 indicators).

BSC performance indicators have been selected to be sensitive to change on a quarterly basis. Indicators shown as interim (I), are proxies, based on currently available data, for the performance dimension/concept PHO wants to measure and will be replaced over time. Definitions of each indicator follow the scorecard. With respect to target setting, in the first three quadrants, where possible, stretch targets have been set. For the corporate infrastructure quadrant, targets have generally been based on industry standards.

2012-13 Balanced Scorecard

	Type	Indicator	Year-end Status	Quarterly Target	Q4 Actual	Q3 Actual	Q2 Actual	Q1 Actual
Knowledge Information and Support		1. Knowledge activities completed 1.1 Number of knowledge products produced	○	NA	41	32	74	50
		1.2 Number of scientific and technical support activities completed	○	NA	743	612	554	626
		2. Number of urgent requests completed	○	NA	38	24	40	35
		3. Number of unique peer-reviewed articles published by staff	●	10	23	25	21	31
		4. Percentage of peer-reviewed articles published in a high impact journal	⊗	75%[1]	57%	44%	62%	58%
	(I)	5. Knowledge Exchange: Total website visits on PHO external website	●	90K	143K	127K	117K	108K
		6. Number of education sessions offered to external clients	●	9	12	12	14	11
		7. Percentage of external education sessions with an average evaluation score 3.5 or greater (5-point scale)	⊘	100%[2]	75%	75%	71%	55%
Clients and Partners		8. Percentage of laboratory tests completed within target turnaround time	●	NA	NA	99.7%	99.5%	98.6%
		9. Percentage of knowledge activities completed within target turnaround time 9.1 Percent of knowledge products	⊘	95%	94%	97%	97%	100%
		9.2 Percent of scientific and technical support activities	●	95%	98%	99%	99%	99%
	(I)	10. Client Satisfaction: Number of client complaints received	⊗	< 5[3]	12	11	11	18
	(I)	11. Collaboration: Number of events and projects with partners/ collaborators	○	NA	72	79	47	61
		12. Number of media mentions	●	30	365	115	424	114

Status Legend	
●	Target met or exceeded
⊘	Somewhat missed target
⊗	Significantly missed target
○	Target not defined

1. Stretch target. Captures publications appearing in journals with high international impact only.
2. Stretch target. Audio problems with webinars (now resolved) contributed to the lower ratings.
3. Stretch target. Given the number of lab tests performed and contacts between PHO staff have with health professionals and the public the number of complaints is quite low.

2012-13 Balanced Scorecard

	Type	Indicator	Year-end Status	Quarterly Target	Q4 Actual	Q3 Actual	Q2 Actual	Q1 Actual
Organizational Learning & Growth	(I)	13. Adoption of New Tools: Percentage SharePoint storage	●	10%	10.2%	11.1%	11.3%	11.3%
	(I)	14. Staff Learning: Placeholder for future development						
		15. Number of new student placements by type	●	NA[4]	22	13	20	29
Corporate Infrastructure		16. Percentage variance between YTD actual and budgeted expenditures	⊗	+/-1.50%[5]	4.97% underspent	4.90% underspent	6.09% underspent	4.69% underspent
		17. Third party funding earned	●	$250K	$401K	$333K	$373K	$277K
		18. Percentage technology uptime	⊗	99.5%	83.2%[6]	99.1%	94.7%	99.3%
		19. Average number of paid sick days per employee	●	2.0	1.9	2.5	2.0	1.9
		20. Average time-to-fill permanent staff positions (days)	⊘	60	68	69	73	68
		21. Voluntary and involuntary permanent employee turnover rate	○	NA	0.59%	1.08%	1.58%	3.14%

Status Legend	
●	Target met or exceeded
⊘	Somewhat missed target
⊗	Significantly missed target
○	Target not defined

4. *Quarterly targets are based on the same quarter from the previous year, to reflect pattern of the academic calendar.*
5. *Underspending primarily due to recruitment and project delays and expenditure prudence pending receipt of Minister's funding letter.*
6. *Migration of the Lab Information System between two government data centres in Q4 resulted in major disruptions and delays.*

Description of Current Indicator Measures

1. **Number of knowledge activities completed** is a count of the total "knowledge activities" in two major categories: (1) knowledge products (e.g. scientific literature review, statistical, evaluation and technical reports, clinical guidelines, best practices or guidance documents etc.); and (2) scientific and technical support activities (such as consultation, technology and information system support, literature search or retrieval, client document review or fact check).

2. **Number of urgent requests completed** includes all external requests that PHO has responded to within 24 hours.

3. **Number of unique peer-reviewed articles published by PHO** staff tracks the total number of articles by PHO staff published in peer-reviewed journals.

4. **Percentage of peer-reviewed articles published in a high-impact journal** is the percentage of PHO articles published in peer-reviewed journals that have a high international impact factor.

5. **(I) Total website visits on PHO external website** tracks the number of visitors to the PHO website www.publichealthontario.ca as measured using Google Analytics.

6. **Number of education sessions offered to external clients** tracks the number of "PHO Rounds," educational sessions offered on-site and via online webinars for external audiences.

7. **Percentage of external education sessions with an average evaluation score 3.5 or greater (5-point scale)** reflects the number of "PHO Rounds" where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of "PHO Rounds" offered.

8. **Percentage of laboratory tests complete within the target turnaround time** indicates the percentage of laboratory tests completed within industry standard turnaround times for that test.

9. **Percentage of knowledge activities delivered within the target turnaround time** indicates the percentage of knowledge activities completed within the requested timelines.

10. **(I) Number of client complaints received** is the number of client complaints related to PHO products or services.

11. **(I) Number of events and projects with partners and collaborators** counts the number of events and projects PHO has done in collaboration with other organizations.

12. **Number of media mentions** counts the number of times that PHO, its staff, products, services or research are cited in popular media, whether TV, radio, print or online.

13. **(I) Percentage SharePoint storage** shows the percentage of PHO's total shared file storage stored on Microsoft SharePoint.

14. **(I) Staff Learning** placeholder- indicator yet to be developed.

15. **Number of student placements by type** counts the number of student placements, including medical resident rotations, masters and doctoral supervision, and practicum placements offered by PHO.

16. **Percentage variance between YTD actual and budgeted expenditures** indicates PHO's financial position relative to its budget.

17. **Third party funding earned** shows the amount of third party research funding awarded to PHO, distributed over the length of the grant terms.

18. **Percentage technology uptime** is the percentage of time the Laboratory Information System, the integrated Public Health Information System and the basic telecommunications and computer network are up and running.

19. **Average number of paid sick days per employee** shows the average number of paid sick days for full-time and part-time employees.

20. **An average time-to-fill permanent staff position** shows the average number of calendar days it takes to fill a position from the date the position was approved to the date PHO received a signed employee agreement.

21. **Voluntary and involuntary permanent employee turnover rate** shows the percentage of permanent employees who leave the organization relative to the total number of permanent employees.

Part 2:

Public Health Ontario Laboratory (PHOL) Annual Performance Measures Report 2012-13

The table which follows summarizes the annual performance of PHO's laboratories on each of the eight indicators specified in the 2008 Laboratory Transfer Agreement between PHO and the MOHLTC.

Performance Indicator	Description	Results 2012-13
1. External Quality Assessment	90% proficiency on Quality Management Program – Laboratory Services (QMP-LS) testing and >70% average on Canadian Association for Laboratory Accreditation (CALA) Z – score	PHOL received an annual average of 99.25% on QMP-LS testing and 94% average CALA Z-score.
2. Productivity	Changes in test types and % change in related volumes	Test volumes: 3.7% increase in clinical and environmental testing as compared to the same time last fiscal year. Increases continue to be offset by operational efficiencies in High Volume Testing.
3. Efficiency	Median test wait times within 80% of targets in PHOL Specimen Collection Guide	PHOL has achieved an annual average of 99.28% turnaround time (TAT) for GC culture, 99.50% for HIV confirmatory testing, and 99.38% for Measles immunity and diagnostic testing
4. Customer Satisfaction	Annual client survey	A customer satisfaction survey was not conducted this fiscal, however PHOL implemented a customer service center email during this fiscal year for external clients wishing to provide feedback, comments, and complaints. 53 responses were received from clients in person, by phone, and email. All were addressed and resolved by PHOL and are tracked on PHO SharePoint for trending for continual quality improvement.
5. Employee Performance	Complete annual performance reviews on all PHOL employees	Annual performance review has been completed for 100% of management staff and 92.5% of non-management staff. This does not include leaves and transfers to new roles.
6. Employee Certification and Credentials	100% of required staff credentials/certifications in place	There is a compliance of 100% of staff certifications/credentials which include Medical Laboratory Technologists, Medical and Clinical Microbiologists
7. Incident Reporting and Issues Management	Annual summary of incidents and issues	PHOL operated at >99.99% efficiency with 188 non-conformances issued by the end of the 2012-13 fiscal year
8. Test Utilization	Annual review of at least 10% of test menu methodology and or utilization for appropriateness	10% of the PHOL test menu was reviewed. A total of 18 Labstracts were also issued to external clients to inform them of new and revised test methodologies.

Financial **Performance**

Financial Results

Public Health Ontario acknowledges the funding from MOHLTC and has managed its resources in a prudent and careful manner. PHO ended the year in a balanced position after returning a one-time operating surplus of $4.97 million to the government.

During the year, the MOHLTC provided funds that allowed PHO to continue to develop its programs, including funds to support the move of the Toronto Public Health Laboratory to its new downtown Toronto MaRS location.

The timing of funding confirmation required judicious and constrained expenditure management for most of the year, which resulted in the one-time surplus noted above.

PHO generates revenue from third parties. For fiscal 2012-13, PHO confirms that expenditures are equal to third party revenue (described in the audited financial statements as other grants) and that third party expenditures did not include funds provided by the MOHLTC.

Accounting Standards

Public Health Ontario has applied Canadian public sector accounting standards using its option to apply sections of the Canadian Institute of Chartered Accountants (CICA) Public Sector Accounting (PSA) Handbook available for government not-for-profit organizations.

Independent Auditors' Report

To the Members of
Ontario Agency for Health Protection and Promotion

We have audited the accompanying financial statements of Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario], which comprise the statement of financial position as at March 31, 2013 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario] as at March 31, 2013 and the results of its operations and its cash flows for year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Toronto, Canada,
June 27, 2013

Chartered Accountants
Licensed Public Accountants

Statement of Financial Position

[in thousands of dollars]

As at March 31

	2013	2012
	$	$
ASSETS		
Current		
Cash	**26,554**	31,987
Accounts receivable *[note 3]*	**8,338**	1,496
Prepaid expenses	**1,668**	1,612
Total current assets	**36,560**	35,095
Restricted cash *[note 4]*	**9,377**	9,728
Accounts receivable *[note 3]*	**2,711**	—
Capital assets, net *[note 5]*	**21,894**	18,277
	70,542	63,100
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**33,528**	32,476
Total current liabilities	**33,528**	32,476
Deferred capital asset contributions *[note 6]*	**26,510**	20,159
Deferred contributions *[note 7]*	**3,174**	3,077
Accrued benefit liability *[note 8]*	**5,554**	5,652
Other liabilities	**1,776**	1,736
Total liabilities	**70,542**	63,100
Commitments and contingencies [note 11]		
Net assets	—	—
	70,542	63,100

See accompanying notes

On behalf of the Board:

Director

Director

Statement of Operations and Changes in Net Assets

[in thousands of dollars]

Year ended March 31

	2013 $	2012 $
REVENUE		
Ministry of Health and Long-Term Care	**135,774**	126,177
Ministry of Health and Long-Term Care [formerly Ministry of Health Promotion and Sport]	**3,586**	3,585
Amortization of deferred capital asset contributions *[note 6]*	**5,882**	5,451
Other grants	**1,026**	807
Miscellaneous recoveries	**1,695**	1,342
	147,963	137,362
EXPENSES *[note 8]*		
Public health laboratory program	**93,403**	89,581
Science and public health programs	**37,142**	30,376
General and administration *[note 9]*	**11,536**	11,954
Amortization of capital assets *[note 5]*	**5,882**	5,451
	147,963	137,362
Excess of revenue over expenses for the year	—	—
Net assets, beginning of year	—	—
Net assets, end of year	—	—

See accompanying notes

Statement of Cash Flows

[in thousands of dollars]

Year ended March 31

	2013 $	2012 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	—
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	**(5,882)**	(5,451)
Amortization of capital assets	**5,882**	5,451
	—	—
Changes in non-cash operating items		
Decrease (increase) in accounts receivable *[note 10]*	**(62)**	1,490
Increase in prepaid expenses	**(56)**	(644)
Decrease (increase) in restricted cash	**351**	(2,132)
Increase in deferred contributions	**97**	700
Increase in other liabilities	**40**	391
Decrease in accounts payable and accrued liabilities *[note 10]*	**(7,134)**	(599)
Net change in accrued benefit liability	**(98)**	(145)
Cash used in operating activities	**(6,862)**	(939)
CAPITAL ACTIVITIES		
Acquisition of capital assets *[note 10]*	**(1,313)**	(2,297)
Cash applied to capital activities	**(1,313)**	(2,297)
FINANCING ACTIVITIES		
Contributions for capital asset purchases *[note 10]*	**2,742**	6,197
Cash provided by financing activities	**2,742**	6,197
Net increase (decrease) in cash during the year	**(5,433)**	2,961
Cash, beginning of year	**31,987**	29,026
Cash, end of year	**26,554**	31,987

See accompanying notes

Notes to Financial Statements

[in thousands of dollars]

1. DESCRIPTION OF THE ORGANIZATION

Ontario Agency for Health Protection and Promotion ["OAHPP"] [operating as Public Health Ontario] was established under the Ontario Agency for Health Protection and Promotion Act, 2007 as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the Ontario Agency for Health Protection and Promotion Act, 2007, OAHPP is primarily funded by the Province of Ontario.

OAHPP as an agency of the Crown is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. OAHPP has elected to follow PS 4200-4270 in the Public Sector Accounting Handbook.

Revenue recognition

Contributions are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5-30 years
Other equipment	5-10 years
Furniture	5-20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

Financial instruments

Financial instruments, including accounts receivable and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

3. ACCOUNTS RECEIVABLE

Accounts receivable consists of the following:

	2013	2012
	$	$
Ministry of Health and Long-Term Care	**9,491**	—
Harmonized Sales Tax	**813**	602
Other	**745**	894
	11,049	1,496
Less amount recorded as long-term *[note 6]*	**2,711**	—
	8,338	1,496

There are no significant amounts that are past due or impaired.

4. RESTRICTED CASH

(a) Restricted cash consists of the following:

	2013	2012
	$	$
Ministry of Health and Long-Term Care *(notes 4(b) and 8(b))*	**9,037**	9,397
Sheela Basrur Centre *(note 7(a))*	**340**	331
	9,377	9,728

Restricted cash from the Ministry of Health and Long-Term Care ("MOHLTC") represents funding received in connection with the liability assumed by OAHPP in connection with severance *(note 8(b))* and other credits (primarily accrued vacation pay) related to employees who transferred to OAHPP (Ontario public health laboratories in 2008 and Public Health Architecture in 2011) and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP.

(b) The continuity of MOHLTC restricted cash is as follows:

	2013			
	Severance credits	**Other credits**	**Capital projects**	**Total**
	$	$	$	$
Restricted cash, beginning of year	**5,999**	**1,516**	**1,882**	**9,397**
Interest earned	**74**	**19**	**23**	**116**
Restricted cash drawdown *(note 8(b))*	**(441)**	**(35)**	**—**	**(476)**
Restricted cash, end of year	**5,632**	**1,500**	**1,905**	**9,037**

	2012			
	Severance credits	**Other credits**	**Capital projects**	**Total**
	$	$	$	$
Restricted cash, beginning of year	5,966	1,316	—	7,282
Restricted cash received	309	211	1,882	2,402
Interest earned	75	17	—	92
Restricted cash drawdown *(note 8(b))*	(351)	(28)	—	(379)
Restricted cash, end of year	5,999	1,516	1,882	9,397

5. CAPITAL ASSETS

Capital assets consist of the following:

	2013		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	**369**	**155**	**214**
Other equipment	**25,706**	**16,448**	**9,258**
Furniture	**2,072**	**1,565**	**507**
Leasehold improvements	**7,130**	**2,740**	**4,390**
Construction in progress	**7,525**	—	**7,525**
	42,802	**20,908**	**21,894**

	2012		
	Cost	Accumulated amortization	Net book value
	$	$	$
Building service equipment	369	119	250
Other equipment	24,093	11,842	12,251
Furniture	2,072	1,151	921
Leasehold improvements	6,023	1,914	4,109
Construction in progress	746	—	746
	33,303	15,026	18,277

6. DEFERRED CAPITAL ASSET CONTRIBUTIONS

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net assets. The continuity of the deferred capital asset contributions balance is as follows:

	2013	2012
	$	$
Deferred capital asset contributions, beginning of year	**20,159**	19,413
Contributions for capital purposes	**12,210**	6,197
Interest earned on unspent contributions	**23**	—
Amortization of deferred capital asset contributions	**(5,882)**	(5,451)
Deferred capital asset contributions, end of year	**26,510**	20,159
Unspent deferred capital asset contributions *[notes 3 and 4[b]]*	**(4,616)**	(1,882)
Deferred capital asset contributions spent on capital assets	**21,894**	18,277

Unspent deferred capital asset contributions are included in restricted cash and long-term accounts receivable.

7. DEFERRED CONTRIBUTIONS

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2013	2012
	$	$
Severance credits	**1,115**	1,226
Sheela Basrur Centre *[note 4]*	**340**	331
Other	**1,719**	1,520
	3,174	3,077

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP *[note 8(b)]*.

[c] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, $220 [2012- $195] is held by the Toronto Community Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

8. EMPLOYEE FUTURE BENEFIT PLANS

[a] Multi-employer pension plan

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to $2,304 [2012- $2,422], $2,394 [2012- $1,971] and $591 [2012- $557], respectively, and are included in expenses in the statement of operations and changes in net assets.

[b] Severance credits

OAHPP assumed the non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plan was performed as at March 31, 2012. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2013	2012
	$	$
Accrued benefit obligation	**6,242**	5,610
Plan assets	**—**	—
Plan deficit	**6,242**	5,610
Unamortized actuarial gains (losses)	**(688)**	42
Accrued benefit liability, end of year	**5,554**	5,652

The continuity of the accrued benefit liability as at March 31 is as follows:

	2013	2012
	$	$
Accrued benefit liability, beginning of year	**5,652**	5,797
Transfer of Public Health Architecture staff liability	**—**	245
Expense (recovery) for the year	**343**	(39)
Contributions to cover benefits paid *[note 4[b]]*	**(441)**	(351)
Accrued benefit liability, end of year	**5,554**	5,652

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2013	2012
	$	$
Accrued benefit obligation		
Discount rate	**3.00**	4.50
Rate of compensation increase	**3.25**	3.25
Rate of inflation	**2.25**	2.25
Expense		
Discount rate	**4.50**	5.30
Rate of compensation increase	**3.25**	3.50
Rate of inflation	**2.25**	2.50

9. DIRECTORS' REMUNERATION

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2013, directors were paid $22 (2012 - $25).

10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at year-end of $8,186 (2012 - $2,858) and has been excluded from the statement of cash flows.

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at year-end of $9,491 (2012 - nil) and has also been excluded from the statement of cash flows.

11. COMMITMENTS AND CONTINGENCIES

(a) Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or which may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

(b) OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risks of its members. All members of the pool pay annual deposit premiums which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2013, no assessments have been received.

(c) OAHPP has committed future minimum annual payments to Infrastructure Ontario related to premises as follows:

	$
2014	10,397
2015	16,496
2016	12,657
2017	12,381
2018	12,257
Thereafter	253,096

12. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2013 financial statements.

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Santé publique Ontario
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Agency for Health Protection and Prevention
Agence de protection et de promotion de la santé